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Complete and send this form, together with applicable fee(s), to: **Mail**

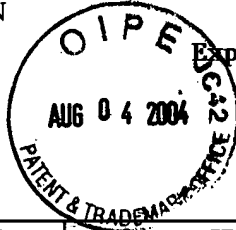
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27488 7590 07/06/2004

**MICROSOFT CORPORATION
P.O. BOX 2903
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| | |
|-----------------------|--------------------|
| Paula Egolf | (Depositor's name) |
| <i>Paula Egolf</i> | (Signature) |
| August 4, 2004 | (Date) |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
|-----------------|-------------|----------------------|---------------------|------------------|

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|------------|------------|-------------------|------------|------|
| 09/343,805 | 06/30/1999 | RONNIE I. CHAIKEN | 777.285US1 | 8333 |
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TITLE OF INVENTION: TRANSLATION AND TRANSFORMATION OF HETEROGENEOUS PROGRAMS

60001.0057US01

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|-------------|--------------|-----------|-----------------|------------------|----------|
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|----------------|----|--------|-----|--------|------------|
| nonprovisional | NO | \$1330 | \$0 | \$1330 | 10/06/2004 |
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| EXAMINER | ART UNIT | CLASS-SUBCLASS |
|----------|----------|----------------|
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| | | |
|------------------|------|------------|
| STEELMAN, MARY J | 2122 | 717-136000 |
|------------------|------|------------|

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 **Merchant & Gould P.C.**

2 _____

3 _____

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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Microsoft Corporation

Redmond, Washington

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

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- ☒ Issue Fee
- ☐ Publication Fee
- ☐ Advance Order - # of Copies _____

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- ☒ The Director is hereby authorized to charge to any deficiency or credit any overpayment, to Deposit Account Number 13-2725 (enclose an extra copy of this form).

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(Authorized Signature) *Paula Egolf* (Date) **August 4, 2004**

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